

NOTICE OF CONTRACTING OPPORTUNITY  
APPLICATION FOR NAVY CONTRACT POSITIONS  
April 8, 2003

**THIS IS NOT A CIVIL SERVICE POSITION**

I. **IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS **3:00 PM EDT** PM EST ON OR BEFORE **May 9, 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: 022S  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil). IN SUBJECT LINE PLEASE REFERENCE: Code 022S

A. NOTICE. This position is set aside for an individual **PART-TIME** General Dentist. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: GENERAL DENTIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a dentist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and, (2) competitively win this contract award. An Incentive Plan may be incorporated into the resulting contract award at a future date, to be bilaterally negotiated with you at the time the Incentive Plan is introduced.

The Government will assign you to a clinical location. Services shall be provided at one of the Branch Dental Clinics (BDCs) and Branch Dental Annexes under the auspices of the Naval Dental Center Mid-Atlantic, Norfolk, VA. These locations are

Branch Dental Clinic, Fleet Combat Training Center, Atlantic (Dam Neck)  
Virginia Beach, Virginia

Branch Dental Clinic, Naval Air Station Oceana  
Virginia Beach, Virginia

Branch Dental Clinic, Naval Amphibious Base Little Creek  
Virginia Beach, Virginia

Branch Dental Clinic, Naval Station Norfolk  
1647 Taussig Blvd., Norfolk, Virginia

Branch Dental Clinic Northwest, Naval Security Group Activity  
Chesapeake, Virginia

Branch Dental Clinic, Newport News Shipyard (SUPSHIP)  
Newport News, Virginia

Branch Dental Clinic, Norfolk Naval Shipyard (NNSY)  
Portsmouth, Virginia

Branch Dental Clinic, Naval Weapons Station Yorktown  
Yorktown, Virginia

You shall be on duty in the assigned clinical area for 24 hours service Monday through Thursday each week, between the hours of 0600 and 1800. You shall normally provide services for a 6.5-hour period including an uncompensated .5-hour for meal break. Specific hours shall be scheduled 30 days in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a dentist.

You shall accrue 2.7 hours of combined sick/annual leave at the end of every 48 hours worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The Government will compensate you for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Government.

## II. STATEMENT OF WORK

A. The use of "Commanding Officer" means the Commanding Officer, Naval Dental Center Mid-Atlantic, Norfolk, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. You are serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against you based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

You shall be rendering personal services to the Government under this contract and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which you receive technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

## C. DUTIES AND RESPONSIBILITIES.

### 1. GENERAL.

You shall perform a full range of general dentistry services, within the scope of clinical privileges granted by the Commanding Officer, on site using government furnished supplies, facilities and equipment within the assigned clinic of the Naval Dental Center Mid-Atlantic, Norfolk, VA. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for General Dentist services. An example of the types of services you may provide is shown in Attachment I. This is not meant to be an all-inclusive list and additional duties, consistent with the practice of General Dentistry, may be required.

You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties that include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer, consistent with other general dentists providing the same level of care.

You will be evaluated annually on your performance and adherence to the requirements of your contract. However, the Government reserves the right to evaluate you semi-annually. Additional (i.e. special) evaluations may be performed to correct clinical or other performance deficiencies identified by the Government. The totality of

scheduled performance evaluations, any special evaluations, memoranda of counseling sessions, and any other documentation generated by the Government will constitute your complete evaluation.

## 2. ADMINISTRATIVE AND TRAINING REQUIREMENTS.

You shall provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with Government and professional clinical standards and accepted protocols.

You shall participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

You shall participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to dental care.

You shall attend annual renewal of Government-provided training requirements for family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

You shall participate in the implementation of the Command's Family Advocacy Program as directed.

You shall perform administrative functions such as serving on boards and committees and attending or providing continuing dental education.

You shall attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

You shall obtain and maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. In the event you are otherwise qualified but do not possess or cannot maintain this certification and the Government elects to provide it, the Government reserves the right to deduct 4 hours of compensated service as consideration. Consideration will be based upon your hourly rate (the CLIN in Schedule B of the contract).

## 3. CLINICAL SERVICES:

Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments generated by patient activity through the department or scheduled through the dental treatment facility. You shall have full responsibility for diagnostic examinations, the development of comprehensive treatment plans, and the delivery of treatment within the personnel, equipment, and supply capabilities of the facility. In addition, you shall have full responsibility for the quality and timeliness of the preparation of dental records and reports for procedures performed and care provided. Patients frequently have overlapping, multiple symptoms and often require multidiscipline, long-term treatment. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers for consultation and treatment.

The work environment involves risks typically associated with the performance of clinical oral procedures. You may be exposed to contagious disease, infections and flying dental debris requiring the wearing of personal protection equipment such as scrub attire, gloves, masks, and eye protection.

Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for dental services. Your productivity is expected to be comparable with that of other general dentists assigned to the same facility and scope of practice. You shall perform clinical appointments and scheduled procedures including but not limited to Restorations (amalgam and composite), Adult Prophylaxis and Adjunctive Services, Scaling and Root Planing, Comprehensive Oral Examinations, Oral Health Counseling, Dental and soft tissue examinations, and Adjunctive Procedures. You shall also perform emergency procedures including but not limited to unscheduled examinations, temporary restorations, and Pulpotomies. Your productivity must meet the

standards of the Bureau Of Medicine And Surgery's Navy Dentistry System Metrics clinical production requirements. These requirements can be found at [https://bumed.med.navy.mil/denmetrics\\_summary/summary/dwvrdrh\\_summary\\_disp.asp](https://bumed.med.navy.mil/denmetrics_summary/summary/dwvrdrh_summary_disp.asp). You are directed to the metric for the Naval Dental Center Mid-Atlantic, in the column entitled, "UIC", using the column value "62753". These metrics are dynamic and variations are to be expected. However, the Government does not view these variations as a change to the requirements contained herein. Productivity requirements will be apportioned for partial month or part-time service under the contract.

You shall become familiar with and follow both standardized Navy concepts of phased dentistry in a managed dental health care program and the Navy's standards for clinical dental care.

As directed by the Commanding Officer, you may be assigned other duties consistent with the normal duties of a general dentist including, but not limited to, participating in command quality improvement and assurance meetings, etc.

4. ORIENTATION. You shall undergo a one-day on-site orientation period. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to Naval Dental Center Mid-Atlantic rules and regulations, introduction to military protocol such as military structure, time and rank, parking permits, infection control protocols and clarification of rights and responsibilities.

5. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a PPIS (Personal and Professional Information Sheet) and other supporting documentation required to complete an ICF (Individual Credentials File) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (F) of BUMEDINST 6320.66C and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://navymedicine.med.navy.mil/instructions/external/6320.66c.pdf>.

III. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

A. Have either (a), graduated from an accredited dental school approved by the Council on Dental Education of the American Dental Association (ADA) within the preceding 12 months, or (b) graduated from an accredited dental school approved by the Council on Dental Education of the ADA and have experience as a General Dentist of at least 12 months within the preceding 36 months, and

B. Successfully complete at least 12 classroom hours of continuing General Dentistry education within the preceding 24 months which maintain skills and knowledge as a General Dentist. This requirement is not applicable to new graduates per paragraph A above, and

C. Have a current, unrestricted license to practice as a General Dentist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and

D. Be eligible for U.S. employment, and

E. Provide two letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference. Recent graduates may provide letters of recommendation from faculty where General Dentist training was received. Reference letters must have been written within the preceding 2 years, and

F. Represent an acceptable malpractice risk to the Navy, and

G. Submit a fair and reasonable price that has been accepted by the Government.

IV. FACTORS TO BE USED IN A CONTRACT AWARD DECISION.

A. If you meet the minimum qualifications listed in the section. above entitled, "Minimum Personnel Qualifications", you will be ranked against all other qualified candidates using:

The "Personal Qualification Sheet", then  
Your Letters of Recommendation, then  
Your experience in military dentistry (Form DD214).

B. The ranking criteria, listed in descending order of importance, are:

Your experience as a General Dentist, including but not limited to work previously performed in a position under contract to the Government. Experience also includes subspecialty training or demonstrated ability to train other general dentists, dental hygienists, dental assistants, then

Your letters of recommendation that may enhance your ranking if they address such items as your clinical skills, professionalism, or specific areas of expertise, then

Your total Continuing Education hours within the preceding 3 years, then

Additional dental/medical certifications or licensure you hold, then

Your experience in military dentistry (Form DD214), then

Your current American Heart Association Basic Life Support (BLS) for Healthcare Providers or equivalent certification.

V. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit:

- A. \_\_\_\_\_ General Dentistry-Procedures (Attachment I)
- B. \_\_\_\_\_ A completed " Personal Qualifications Sheet - General Dentist" (Attachment II\*).
- C. \_\_\_\_\_ A completed Pricing Sheet (Attachment III).
- D. \_\_\_\_\_ Proof of employment eligibility (Attachment IV).
- E. \_\_\_\_\_ Two or more letters of recommendation
- F. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment V)
- G. \_\_\_\_\_ Small Business Representation (Attachment VI)

\*Please answer every question on the " Personal Qualifications Sheet - General Dentist ". Mark "N/A" if the item is not applicable.

VI. OTHER INFORMATION FOR OFFERORS.

A. A handbook is available at [http://www-nmlc.med.navy.mil/acquisitions/handbooks/ISA\\_Handbook.pdf](http://www-nmlc.med.navy.mil/acquisitions/handbooks/ISA_Handbook.pdf). If there is a conflict between this document and the handbook, the requirements herein have precedence over the handbook.

B. After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, or (3) Send you a letter telling you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make a contract award from your application.

C. If you are the successful applicant, the Contracting Officer will mail to you a formal Government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

D. You will need to obtain a DUNS (Data Universal Numbering System) number. This number must be obtained prior to registering in the CCR database described below. This DUNS number is a unique, nine-character company

identification number. Even though you are an individual and not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

E. As of June 1, 1998 you must be initially registered and maintain your registry in Central Contractor Registration (CCR) as a prerequisite to becoming a Department of Defense Contractor. You may register in CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application. The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for dentists is 621210.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Center at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of this Notice of Contracting Opportunity. Any Contractor (including an individual) who is not registered in CCR will NOT be paid.

F. If you are awarded a contract, upon notification, you will be required to obtain a physical examination at your expense. A physician must complete the questions in the physical certification, provided with the contract. You will also be required to obtain the liability insurance specified in the Pricing Information. Before commencing work under your Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

G. A sample of a complete contract is available upon request.

H. All questions must be directed to E-mail at [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil), Subject Line: CODE 022S by fax at (301)619-6793 or by telephone at (301) 619-2059.

We look forward to receiving your application.

**ATTACHMENT I****GENERAL DENTISTRY - PROCEDURES**

- Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records and diagnostic casts.
- Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease
- Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
- Post mortem dental exam for purposes of identification
- Preventive dentistry services
- Sedation and analgesia (oral) (patients over 12 years old)
- Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention
- Pulp caps, pulpotomy, pulpectomy
- Occlusal adjustment (limited)
- Provisional splinting
- Occlusal splint
- Root planing
- Apexification and apexogenesis
- Gingivectomy and gingivoplasty
- Gingival curettage
- Complete or partial dentures; new, reline, rebase, repair, immediate (uncomplicated)
- Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusion
- Post and core procedures
- Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
- Post trauma replantation
- Alveoloplasty concurrent with extractions
- Repair traumatic wounds (less than 2 cm and not crossing vermilion border)
- Local anesthesia
- Soft tissue excision/biopsy
- Foreign body removal in the treatment of acute trauma
- Osteitis and pericoronitis treatment
- Complete uncomplicated, nonsurgical root canal therapy for permanent teeth
- Bleaching of discolored teeth
- Space maintenance
- Removable orthodontic appliance to effect minor tooth movement or habit correction

## ATTACHMENT II

## PERSONAL QUALIFICATIONS SHEET - DENTISTS

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. After contract award, all the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, a Release of Information, an application for clinical privileges which will result in an Individual Credentials File (ICF), all dental licenses held within the preceding 10 years, a copy of your American Heart Association CPR Health Care Provider Course Certification card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, either

(a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts, and/or

(b) you may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. This includes a record of required immunizations/tests. Maintaining current immunizations/test status is your responsibility. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

**PRIVACY ACT STATEMENT**

**Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)mm/dd/yy

5. Practice Information (Section H.7.1.3)

Yes No

1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)

\_\_\_\_

2. Have you ever been a defendant in a felony or misdemeanor case? Indicate final disposition of the case in comments)

\_\_\_\_

3. Has your license to practice or DEA certification ever been revoked or restricted in any state?

\_\_\_\_

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.



**ATTACHMENT II (Cont'd)**  
**Personal Qualifications Sheet - Dentist**

**I. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
                     Last                      First                      Middle  
 Address: \_\_\_\_\_  
                     \_\_\_\_\_  
                     \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

**II. Professional Education:**

Doctorate Degree in Dentistry  
 (Provide name of ADA accredited School & location) \_\_\_\_\_

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

Location of General Dentistry Residency training  
 (Provide name of ADA accredited School & location)  
 \_\_\_\_\_

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

**III. Continuing Education:**

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Professional Licensure, Dental** (License must be current, valid, and unrestricted)

State or territory of issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

**V. BLS:** American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

**VI. Professional Employment:** List your current and preceding employers for the past 3 years.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____
_____		
_____		
_____		

**ATTACHMENT II (Cont'd)**  
**Personal Qualifications Sheet - Dentist**

Work performed:

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	<u>From</u>	<u>To</u>
(2) _____	_____	_____
_____		
_____		
_____		

Work performed:

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	<u>From</u>	<u>To</u>
(3) _____	_____	_____
_____		
_____		
_____		

Work performed:

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Are you currently employed on a Navy contract? If so, where is your current contract, what is your position, and when does the contract expire?

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**VII. Employment Eligibility**

Do you meet the requirements for U.S. Employment Eligibility contained in Attachment III?    Yes    No    (Circle one)

**VIII. Professional References**

Provide letters of recommendation from two practicing dentists and/or professors attesting to your clinical skills, patient rapport, etc. All letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding two years.

**IX. Required Immunizations/Screening Tests**

Hepatitis B Series      Date(s) \_\_\_\_\_

PPD      Date of last reading \_\_\_\_\_ Sero-converter? \_\_\_\_\_

**X. Military Experience.** Prior Military experience in a medical field may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

**ATTACHMENT II (Cont'd)**  
**Personal Qualifications Sheet - Dentist**

**XI. Additional Information.** Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

**XII.** I hereby certify the above information to be true and accurate:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date) (mm/dd/yy)

## ATTACHMENT III

## PRICING SHEET

## PERIOD OF PERFORMANCE

Services are required from 1 October 2003 through 30 September 2004. Four option periods will be included which will extend services through 30 September 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

## PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Hygienists in the Norfolk, VA area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
01	The offeror agrees to perform, on behalf of the Government, the duties of one part-time General Dentist at the Naval Dental Center, Norfolk, VA in accordance with this application and the resulting contract.				
0001AA	Option Period I; 01 OCT 03 thru 30 SEP 04	1256	Hour	_____	_____
0001AB	Option Period II; 01 OCT 04 thru 30 SEP 05	1250	Hour	_____	_____
0001AC	Option Period III; 01 OCT 05 thru 30 SEP 06	1250	Hour	_____	_____
0001AD	Option Period IV; 01 OCT 06 thru 30 SEP 07	1244	Hour	_____	_____
0001AE	Option Period V; 01 OCT 07 thru 30 SEP 08	1256	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001				\$	_____

Printed Name \_\_\_\_\_ DUNS # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

**ATTACHMENT IV**  
**LISTS OF ACCEPTABLE DOCUMENTS**

**SUBMIT ONE FROM LIST A**

**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above;**

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

## ATTACHMENT V

CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax **"THIS COMPLETED CONFIRMATION SHEET"** to:

Naval Medical Logistics Command

ATTN: Code 022S  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date CCR was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

## ATTACHMENT VI

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

**NOTE:** This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

*Check as applicable:*

*Section A.*

- ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.  
( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

**Section B**

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- \_\_\_ Black American.  
\_\_\_ Hispanic American.  
\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).  
\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).  
\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: \_\_\_\_\_

Offeror's Signature: \_\_\_\_\_

Date: \_\_\_\_\_